

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000079847			
1. Corporation Name Atlantic Import & Export of Florida, Inc.			
Principal Place of Business 11286 S.W. 92 Place Miami, FL. 33176		Mailing Address 11286 S.W. 92 Place Miami, FL. 33176	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
Country USA		Country USA	
4. Date Incorporated or To Do Business in Florida 7-15-97		5. FEI Number 65-0780639	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
S.T.D	Mercedes Garcia	11286 S.W. 92 Place Miami, FL. 33176	Miami, FL. 33176
V.D	NORA SOTOLONGO	11286 S.W. 92 Place	Miami, FL. 33176
P.D	Oscar Sotolongo	11286 S.W. 92 Place	Miami, FL. 33176
REINSTATEMENT 98			
VS DEC 8 1998			
8. Name and Address of Current Registered Agent Mercedes Garcia 11286 S.W. 92 Place Miami, FL. 33176		9. Name and Address of New Registered Agent Name Mercedes Garcia Street Address (P.O. Box Number is Not Acceptable) 11286 S.W. 92 Place Suite, Apt. #, Etc. City Miami, FL. State FL Zip Code 33176	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent (X) Mercedes Garcia REGISTERED AGENT MUST SIGN Date 11/4/98			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: (X) Mercedes Garcia Mercedps Garcia 11/4/98 305-235-2365 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED
98 DEC -3 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (1/98)